



**CONDITION REPORT**  
INDIANA COMMISSION ON PUBLIC RECORDS  
CONSERVATION DIVISION

State Form 49116 (9-98)

Log #

Patron name		Address (street)		Telephone number ( ) <input type="checkbox"/> Work <input type="checkbox"/> Home	
Address (city, state, ZIP code)			Facsimile number ( )		E-mail address
Agency	Record group #	Record Series name		Record Series number	Location Box no.

**CONTENTS**

<input type="checkbox"/> Letters	<input type="checkbox"/> Parchment	<input type="checkbox"/> Oversized materials
<input type="checkbox"/> Books	<input type="checkbox"/> Non-archival copies	<input type="checkbox"/> Video recordings (size) _____
<input type="checkbox"/> Photographs	<input type="checkbox"/> Thermal Fax	<input type="checkbox"/> Audio recordings (size) _____
<input type="checkbox"/> Maps	<input type="checkbox"/> Carbon copies	<input type="checkbox"/> Microform (size) _____
<input type="checkbox"/> Printed Material	<input type="checkbox"/> Letterpress	<input type="checkbox"/> Motion picture film (size) _____
<input type="checkbox"/> Newsprint	<input type="checkbox"/> Original Copies	
<input type="checkbox"/> Archival copies	<input type="checkbox"/> File cards	<input type="checkbox"/> Other _____

**PRESERVATION**

Do items need conservation treatment?: Before processing: ☐ Yes ☐ No Before public use: ☐ Yes ☐ No

Conservation treatment required: ☐ Extensive ☐ Moderate ☐ Minimal ☐ None Anticipated use of items: ☐ High ☐ Medium ☐ Low

May patron use original? ☐ Yes ☐ No If yes, should patron be required to use gloves? ☐ Yes ☐ No

Should items be duplicated before use by patrons? ☐ Yes ☐ No Should Patron be required to use copy only? ☐ Yes ☐ No

May this item be photocopied? ☐ Yes ☐ No May it be made available for exhibit? ☐ Yes ☐ No

**What is the best preservation option?** ☐ Maintain original ☐ Microfilm ☐ Photocopy ☐ Encapsulated binding

☐ Phase box ☐ Defer preservation

**What is intrinsic (most significant) about these items?**

<input type="checkbox"/> Letterhead	<input type="checkbox"/> Signature	<input type="checkbox"/> Binding	<input type="checkbox"/> Artworks	<input type="checkbox"/> Multicolored	<input type="checkbox"/> Charts
<input type="checkbox"/> Handwritten	<input type="checkbox"/> Paper	<input type="checkbox"/> Inks	<input type="checkbox"/> Oversized	<input type="checkbox"/> Graphs	<input type="checkbox"/> Other _____

**HOUSING**

**Unbound** **Box type:** ☐ .060 Blue/White ☐ .060 Lig free ☐ .060 Gray / Kraft

☐ SRC box ☐ Acid free cube ☐ Replace box ☐ Yes ☐ No

**Box load:** ☐ Overload ☐ Underload ☐ Correct Are folders used? ☐ Yes ☐ No If no, are they needed? ☐ Yes ☐ No

Should folders be replaced? ☐ Yes ☐ No

**Bound** **Type of binding:** ☐ Library ☐ Ledger ☐ Unique / Historic ☐ Post ☐ Other \_\_\_\_\_

**Covering material:** ☐ Cloth ☐ Paper ☐ Leather ☐ Vellum ☐ Vinyl ☐ Other \_\_\_\_\_

**CONDITION**

<input type="checkbox"/> Mold damage	<input type="checkbox"/> Rubber bands	<input type="checkbox"/> Water damage
<input type="checkbox"/> Active	<input type="checkbox"/> Adhesive tape	<input type="checkbox"/> Fire damage
<input type="checkbox"/> Insect damage	<input type="checkbox"/> Adhesive stain	<input type="checkbox"/> Smoke damage
<input type="checkbox"/> Active	<input type="checkbox"/> Torn	<input type="checkbox"/> Staples
<input type="checkbox"/> Surface dirt	<input type="checkbox"/> Fragile	<input type="checkbox"/> Paper clips
<input type="checkbox"/> Folded	<input type="checkbox"/> Broken	<input type="checkbox"/> Other fasteners
<input type="checkbox"/> Rolled	<input type="checkbox"/> Fading	<input type="checkbox"/> Other _____

**PREVIOUS TREATMENTS**

<input type="checkbox"/> Fumigation	<input type="checkbox"/> Deacidification	<input type="checkbox"/> Heat set tissue
<input type="checkbox"/> Backing / Support	<input type="checkbox"/> Mending	<input type="checkbox"/> Phase box
<input type="checkbox"/> Rebound	<input type="checkbox"/> Disbound	<input type="checkbox"/> Stain Reduction / Bleached
<input type="checkbox"/> Photocopied	<input type="checkbox"/> Surface cleaned	<input type="checkbox"/> Hardware removed
<input type="checkbox"/> Encapsulation	<input type="checkbox"/> Paste & paper	<input type="checkbox"/> Other _____
<input type="checkbox"/> Microfilmed	<input type="checkbox"/> Lamination	

Conducted by / Signature	Conducted by / Printed name	Original survey date (month, day, year)
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RECOMMENDATIONS

TREATMENTS / EXAMINATIONS

ROUTING

Received in Conservation Lab by:		Date (month, day, year)
Received in Micrographics by:		Date (month, day, year)
Film verified by	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected as noted under examinations	Date (month, day, year)
Received in Conservation Lab by:		Date (month, day, year)
Received in Archives by:		Date (month, day, year)
Additional routing to:	By request of:	Date (month, day, year)
Additional routing to:	By request of:	Date (month, day, year)